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The learner as co-creator: A new peer review and self-assessment feedback form created by student nurses for use by student nurses.

INTRODUCTION

This paper presents a new peer review and self-assessment feedback form, created by student nurses for use by student nurses (Table 1). This new form was developed during a qualitative research study exploring student nurses' (n=25) conceptions and implementation of peer review and self-assessment.

The motivation to undertake research on this particular topic originated from a feeling of disturbance when student nurse participants in an earlier study had verbalised a negative experience of having been "torn to shreds" during engagement with the peer review process (Duers and Brown, 2009). Participants spoke about the subsequent feelings of anxiety and decreased self-esteem resulting from engagement with the peer review process. Indeed, Ecclestone and Pryor (2003) recognised that the impact for those learners who are exposed to negative peer review can be a withdrawal from the learning process completely. The topic is thus of relevance and importance in relation to student nurse attrition rates.

The decision to co-create this new form, during the research process, stemmed from the idea that participants would learn through active engagement in thinking about achieving outcomes to an agreed standard (Nicol 2010; Lui and Carless, 2006). Through a partnership approach the full research process could also be brought to life for these individual participants. The study being presented was underpinned with Vygotsky's (1934) theory of the Zone of Proximal Development (ZPD), a concept of which, is that a more experienced partner (in this case the researcher) assists the less experienced partner (in this case the student nurse participants) towards fulfilling his/her learning potential (in this case as partners in the learning process and as future researchers themselves).

Positioning of the learner as an active participant in the research process and ultimate co-creator of a contextualised knowledge base and feedback tool

proved to be an attractive component of the research design and aligns well to the ideal of the student as a partner in learning (Bovill, et al, 2015; Sambell, 2011). Levy (2014) argues that placing emphasis on the learner as a partner in the creation of learning experiences and the potential for this to happen within subject research and inquiry is a progressive step within Higher Education settings. Indeed, Healey, Flint and Harrington (2014) identify how engaging learners with a research study can stimulate deep and retained learning. This paper is therefore timely in adding to the literature base available to the wider global educational and nursing communities, in relation to such active engagement during research and inquiry into the topic of peer review and self-assessment. Perhaps even more so because Healey, Flint and Harrington (2014:p60), suggest that in relation to pedagogies of partnership that ‘...we still know relatively little about the ‘how’ of learning partnerships in practice....’ Sharing of the ‘how’ of the learning partnership in this particular creation of a feedback tool, through the detailing of the steps taken in its development, could therefore be potentially very beneficial to the wider educational and nursing communities.

BACKGROUND

There is a wealth of literature available on the topic of peer review and self-assessment and contributions to the academic literature are made by Nicol (2009; 2010, 2011), Sambell (2011), Sadler (2010) and Boud and Associates (2010) who are in agreement that engagement with peer review and self-assessment has the potential to influence the development of self-regulation capability; a capability required at the point of professional registration with the Nursing and Midwifery Council (NMC) and therefore an integral component within the preparation of student nurses to attain registered nurse status. However, to develop this self-regulation ability, as Bandura (1991) points out, the ability to self-assess is required. Boud (2007) and Bandura (1991) assert that self-regulation is the monitoring of one’s own performance in relation to set standards.

Contemporary contributions to the literature base on the topic of the student as a partner in the learning process are made by Allin (2014); Baker

(2014); Barnett (2014); Borsos (2014); Bovill et al (2015); Cook-Sather (2013); Dunne and Owen (2013); Guilbault (2016); Healey, Flint and Harrington (2014); Gibbs (2013); Neary (2016). Indeed Neary (2016: 93) maintains that the student as producer should happen 'not as a matter of choice or even as an alternative, but as an urgent critical practical necessity'.

Routs and Roberts (2007) identified that the topic of peer review and self-assessment within nursing literature is plentiful, but research participants are nurse teachers or practitioners rather than student nurses and this continues to be the case; with a gap in literature base apparent in relation to the sharing of information about student nurses actually co-creating a peer review and self-assessment feedback tool.

For the student nurse being prepared currently for professional registration the future remains unknown within the ever increasing pace of change and 21st Century expectations and in his article about learning for an unknown future, Confidence is identified by Barnett (2014) as an important human quality that can assist individuals to maintain function within a world that he identifies as being increasingly challenging and complex. Barnett (2012) suggests that assisting students, towards becoming practitioners who are able to function and cope with the demands placed on them within this rapidly changing and complex world, a change from emphasising knowledge and skills towards an emphasis on human qualities within Higher Education settings may be required. Interestingly during the development of the new feedback tool, participants identified the desire for the human qualities to be components of the criteria, on the new tool, against which they could measure peer and self-performance.

METHODOLOGY

A researcher's own beliefs can influence adoption of a particular ontological stance (Polit and Beck, 2012; Cohen Mannion and Morrison, 2011; Bryman; 2015). Having been immersed in the hectic, unpredictable and subjective world of nursing over many years, the perspective of the constructivist researcher proved to be a logical choice for this study. The study was therefore qualitative in nature and designed in such a way as to explore the research questions, one of which was

‘What would a feedback tool created by student nurses for use during peer review/self-assessment look like?’

The research design was theoretically underpinned by Vygotsky’s (1934) theory of the Zone of Proximal Development (ZPD) and Blumer’s (1969) theory of Symbolic Interactionism and the concepts drawn from both provided an analytical lens for the study. Using Vygotsky’s (1934;1978; 1986) concepts of watching and learning from others and sharing values and beliefs with others and Blumer’s (1969) concepts of people acting on things according to the importance they place on such things, entering into social interaction with others and potentially amending, abandoning or maintaining their ideas of this importance, participants were provided with the opportunity to verbalise their own ideas about the purpose, value and characteristics of peer review and self-assessment and then enter into a practical activity and view each other and selves, through the use of the video recording of this activity.

Ethical considerations were underpinned by British Educational Research Association (BERA) and Scottish Educational Research Association (SERA) guidance, the Data Protection Act (1998) and also through literature guidance provided by Savin-Baden and Major (2010). Participation in the research was voluntary, with no-one feeling at all obliged to participate or feel that non-participation would affect them in any way. The research was designed with the intention of causing no harm. The intention was to benefit the participant (as intimated previously) and ultimately make a worthwhile contribution to the quality of education. Ethical approval was granted and a decision trail was maintained.

Sampling was purposive and excluded those not an enrolled student nurse and/or without experience of peer review engagement. To maximise variation included in the study were males, females, over the age of 29 year old, below the age of 29 year old, experience of Higher Education previously, no experience of Higher Education previously. Through inclusion of younger adults and more mature adults in the study an attempt was made to balance the impact that life experience may exert. Participants were all enrolled on a 3 year BSc Nursing Programme and were at various stages in their course and a reserve list was drawn up in the event that a participant withdrew.

Through situating the study within the Higher Education setting and selecting participants, who were student nurses and had experience of peer review and self-assessment, the group of people relevant to the study aim of exploring student nurses' conceptions and implementation of peer review and self-assessment were successfully captured.

METHODS

Flick, Von Kardoff and Steinke (2004) recognise that there is no single all-encompassing method recommended for use by researchers undertaking qualitative research and data collection in this study happened using a variety of methods, including focus group discussions (n=4), using a modified Nominal Group Technique (NGT) (Delbecq, 1986). The modification of the technique was in relation to the stage of prioritising information, as this was proved during piloting as necessary for this particular study. Discussions lasted approximately 60 minutes.

Participants engaged in practical tasks (n=25) that were observed and video recorded and used the feedback form as it was being created, with each group modifying it as and when this was thought, by them, to be required. This activity lasted approximately 60 minutes.

Individual interviews (n=6), lasting approximately 45 minutes, were undertaken following participant involvement in focus group discussion and practical task activity. Using more than a single source permitted the cross checking of data; triangulation in research terms (Rebar et al, 2011) and enhanced of the rigour and trustworthiness of the study (Lincoln and Guba, 1985).

Participants were invited to choose their pseudonym so that when the study reached publication they would be well placed to recognise themselves within the text.

FINDINGS

The study found that participants desired a new feedback form that specifically asks the evaluator to judge human qualities, such as 'compassion' and

'kindness', in addition to the skills and knowledge criteria that any peer review or self-assessment form used currently had incorporated.

Participants were invited during focus group interviews to complete, on a post-it note, the sentence

'I think that the purpose of peer review is...'

Participants were not asked to identify themselves so what was written is not attributed to a particular participant but the sentence was completed indicating that the purpose of peer review was that of *'assessment'*; *'improvement'*; *'encouraging a thinking process to happen that ultimately facilitated insight into one's own performance'* and *'identification of knowledge gaps'*. The same question was asked about the purpose of self-assessment and responses mirrored those of peer review, with the addition of *'reflection'* verbalised, by participants, as a necessary characteristic of self-assessment.

Participants were then invited to complete the sentence

'I think that the value of peer review is...'

The value of peer review was conceptualised by participants as *'permitting increase in self-esteem'*, *'confidence'*, *'learning and development as a nurse'*. The insight into how peers perceive each other was deemed by the participants as *'being particularly valuable'* (Jenna). Participants completed the sentence

'I think that the value of self-assessment is...'

'to help with instilling belief in self', *'helps you become a better person'*, *'helps you become a better nurse'*

Through the process of engagement with peer review and self-assessment, during the practical activity within the study, participants subsequently recognised the potential for *'belief in self'* (David) to be instilled, alongside the potential to *'become a better person'* (Morgan) and *develop as a nurse* (Elizabeth). During focus groups participants were also asked to complete the sentence

'To be good at peer review I would need to'

To which the responses included *'be honest'; 'have good communication skills'; 'have diplomacy/sensitivity'; 'have a sound knowledge base'; 'be able to provide/receive criticism'; 'be willing to engage' and 'be able to put relationships aside'*. When asked to complete the same sentence with the words *'peer review'* replaced by *'self-assessment'*, participants responded that *'Honesty'; 'Motivation'; 'Time'; 'Focus'; 'Ability to be self-critical'; 'Balance of confidence: not too much/not too little'* were necessary characteristics.

Data analysis was concept and data driven and indicated that throughout the focus group discussions some participants amended their initial thinking on the concepts under discussion, some abandoned their initial thinking on them and others maintained an opinion on the importance of particular concepts for a new feedback form, as per Blumer's (1969) theory of social interaction.

DISCUSSION: THE DEVELOPMENT OF THE NEW FEEDBACK FORM

Having decided to employ the modified nominal group technique approach to elicit participant conceptions of the purpose, value and characteristics of peer review and self-assessment, as detailed above, the researcher invited each participant, within a focus group setting, and without any discussion with peers in the group, to complete the following sentence that the researcher had written on a post-it note

"When a peer reviews me I would like to be informed of certain aspects of my performance especially...."

Focus group 1 (Part 3 student nurses n= 6) desired feedback on

'... how well I'd performed in relation to the Essential Skills Cluster'; '... my management skills, documentation and organisational skills'; '... the mistakes I was making'; '... strengths and weaknesses and areas for improvement'; '... what my patients might think of me, honesty' and '... interpersonal skills and how I made the patient feel'

Focus group 2 (Part 1 student nurses n= 7) desired feedback related to

'... what I need to improve, what I could do better and what to do to achieve this'; '... communication skills, nursing skills, although all comments are welcome'; '... my communication skills, my strengths and weaknesses in giving compassionate care'; '... competence in appropriate skills'; '... my full performance in general'; '... strengths, weaknesses, knowledge, how I performed in relation to other peers doing the task' and '... how respectful and professional I was'

Focus group 3 (Part 2 student nurses n = 6) desired feedback related to

'... how I came across'; '... where improvement is obviously required'; '... I don't know' (participants had been advised that if at any time they felt unsure of what to write during the activity, and so that they did not feel uncomfortable if others were writing and they were not, to simply write 'I don't know' so this particular student did this); '... how I made someone feel'; '... what is good and bad and how I could improve on things' and '... what I missed or did wrong'

Focus group 4 (Part 3 student nurses n = 6) sentence completion

'...where I could improve, what I was good at, what I missed out'; '...where I am going wrong. Any gaps identified in my skills and any good points'; '...what I did well- and why? What I did not do well – and why? Was anything a potential worry? What I could do better'; '... confidence, ability, what I could do better'; '... areas of practice that could be developed' and '... any areas that are core to my practice'

The next stage of the NGT was to ask each participant to talk through what had been written on the post-it note. As well as the aspects written on the post-it notes, participants spoke about *'kindness'* as being an integral component of peer review and self-assessment. Finally the participants were asked to theme the post-it notes. Once themed, discussion around what a feedback form might potentially look like took place. Objectivity was discussed and participants expressed concern that objectivity sometimes translated itself as a tick box type feedback and concluded that as well as tick boxes there should be commentary space within any new form, as illustrated:

‘...any feedback form should not simply be a tick list but should have comments that could then be discussed’ (Jemima)

This elicited the response of

“I think that when you do peer-review there should be really strict guidelines on what you are wanting, what you are commenting on rather than just say ‘go and watch that.’ (William)

Murphy (1999) concurs with this participant that feedback requires objectivity; it requires criterion against which performance can be measured. The opinion put forward by Murphy (1999: 125) is that ‘Even the giving of praise can be harmful if it is not linked to objective feedback’. Although seminal in nature, Rowntree (1987) supports Jemima’s opinion that discussion is important and suggests that feedback only begins to be of use to a learner when it includes verbal comments. Nicol (2010) argues that simply transmitting peer review information, without discussion of it, is unlikely to lead to improvement. Indeed, Nicol (2010) puts forward the argument that for learning to occur through engagement with peer review there are certain requirements. These include the student being afforded the opportunity to analyse peer reviewer feedback. This is best done through the student being able to ask the peer reviewer questions and discuss the answers given. Armed with this information the student can then potentially connect this new information to prior learning and then use it to improve his/her performance in future (Nicol, 2010). This whole process according to Sadler (2010) requires skill in negotiation techniques, tactfulness and assertiveness. Participants in this study identified diplomacy/sensitivity as characteristics required for peer review. Interestingly, the skills highlighted by Sadler (2010) and the participants are identical to those skills that Barnett (2012) recognises as integral to one’s functioning within the ever complex 21st Century world.

The content of the main body of the new form was agreed upon by focus group 1 and subsequently amended by the other 3 focus groups and following its actual use by all study participants. No changes were made as a result of the individual interviews undertaken.

Focus group 1 spoke at length about what information should be contained within an introductory section of a new feedback form and consensus of opinion in the first of the four focus groups was that this should read as:

'The following review by your peer is provided in the spirit of honesty and sensitivity to assist you in realising your strengths and weaknesses and thus develop your skills (also in order that you will be in the best position to grasp opportunities that come your way and minimise threats you might encounter).'

However, subsequent focus group participants disagreed with the introductory section created by group 1 participants and argued that

'It is a bit wordy.' (Judith)

'Not very succinct.' (Sophie)

'...anything more than 6 lines at the start of a form people stop reading.' (David)

'You could maybe miss out the last paragraph that is in the brackets.' (Sophie)

Focus group 1 participants decided that the content within the main body of the form could potentially begin with the sentence

'What aspects of the peer performance...

- 1. Might a patient appreciate?*
- 2. Might make a patient anxious?*
- 3. Might a mentor/senior nurse consider as good practice?*
- 4. Might make a mentor/senior nurse concerned*
- 5. Might indicate to a lecturer that theory to practice link had been made?*
- 6. Might be something that I would have done differently?*

Subsequently and following the use of the form participants put forward the following commentary

'I liked the part that made me think from the patient angle...to see yourself as others see you' (Jemima during individual interview)

'Rather than 'might make a patient anxious' the form could read as 'make a patient more comfortable' (Jenna)

A concluding section of the initial form created by Focus group 1 suggested that provision of an action plan for the peer with short term and

long term goals should be part of the peer review process. However, participants from the other focus groups were not in favour of this, saying, for example,

‘goals are not something that should be set by peers but something that an individual sets’ (Ainsley).

At this point in time it was thought by everyone involved in the study that two separate forms were required, one for peer review purposes and one for self-assessment. However the main content of both were the same, with only the introductory part different with ‘what aspects of peer performance’ replaced by ‘what aspects of my performance’ Subsequently the two were combined (but not until both had been used initially and the similarity became obvious to the participants and researcher).

To be able to determine the utility of the feedback forms once developed the participants piloted them during a practical session. The participants remained with the peers with whom focus group discussion had taken place and the practical task involved participants working in pairs to undertake the monitoring and recording of each other’s temperature, pulse rate and respiratory rate (TPR) and to document the readings. Two small rooms known as communication rooms, due to them having an observation window between them, were utilised for the task. Whilst two participants were undertaking the task the other participants observed the performance through the observation window between the two rooms. A SMOTS system camera also permitted display of the room, in which the participants were involved in the practical task, to be shown on a computer screen within the observation room, so participants observing the performance could clearly see and hear the pair involved in the task and the performance was recorded by the system. This permitted the watching and listening that Vygotsky (1936) recognises as integral to what he termed ‘internalisation’, which really is just the process of knowing that moves an individual through the Zone of Proximal Development to ultimately achieve full learning potential. For some participants this was the first time they had viewed themselves as student nurses. The participants watched and listened and documented on the created peer review feedback form their comments on the peer performance. When a pair were actually undertaking the task it would be impossible for them to complete the peer review documentation for each

other therefore their performance was video recorded in order that the recording could be viewed and peer review on each other made possible at a later point. This became the mediating artefact that Eraut (2006) recognises as being useful in the learning process by raising awareness of more tacit knowledge.

Once all members of the group had monitored and recorded the TPR the group viewed the video recording together. Those who had already watched the performance at an earlier point were able to confirm their earlier documentation of the peer performance as they watched and listened for a second time. Of the pair who had been performing one was the person being peer reviewed and the other was playing the role of a patient for the purpose of the exercise. Therefore one of the pair completed a peer review form whilst the other completed a self-assessment form. Initially the idea was that self-assessment would take place two weeks after the peer review had taken place. However, the pilot study had identified that the participant schedule was such that this in reality would prove difficult. Additionally, the opportunity to self-assess whilst the video recorded performance was being viewed by others for the purpose of peer review seemed to the participants as being *'too good an opportunity to miss'* (William).

The forms were collated following the practical activity and participants were provided with a photocopy of the forms to inform their learning at a later date.

Following the practical stage of the data collection process further information was gained on what the participants thought of the forms once they had actually used them. To capture this data the participants were asked the question:

'Did the forms do what you thought they might do?'

Comments included:

"Forms were useful although I wrote too much although that is just me. I find it difficult to be succinct. Feedback I gave and got was sensitive and I think honest." (Elpi during individual interview)

"... gave me confidence for going out into practice." (Robert during individual interview)

“... great feedback from my peers, which has helped build my confidence for going on placement.” (Mary)

“Definitely it was a good experience to see how other people perceive you and to see if you come up with the same as the other people. You can identify your strengths and weaknesses and if someone else identifies your strengths it reinforces that and it boosts your confidence up a good bit...because I was peer reviewed and I had my strengths the same as on the peer review and it is a good confidence boost. It does show there are things that you are doing well - so carry on doing.” (Lucy).

“I enjoyed the practical session and took great positivity from all the feedback given. I felt that peer review was definitely given in the spirit of honesty and fairness and sensitivity. I think that the fact that all comments were positive as well as critical was beneficial and sensitive.” (Elpi).

“I felt that my review was honest and fair as a reflection of my clinical skills.” (Scott).

In relation to the section, of the feedback form, that required the setting of goals for a peer, a participant verbalised:

‘I am not sure about it. I mean I like the rest of it but I’m not sure about that bit because before that you are obviously making criticisms or pointing things out and as a peer you get to the point of in the future how they do this or that [pause] I don’t think I’d be happy filling this in as I would with the rest of them as the rest of it should give the student what they need to know.’ (David).

‘I think that goals are quite personal and you can’t make goals for someone else.’ (Judith)

Participants in a different focus group when they saw the initial pilot form said:

'The first paragraph is gobbledygook.' (Elizabeth)

'Can we just take the entire top out and say in your opinion?' (Lucy)

The form permitted a 'tick box' approach that the participants were familiar with, two columns, one for the peer to tick and the other for the participant to tick when self-assessment takes place, and a space for comments to be written. The introduction to the form that the participants ultimately decided upon includes the following information:

'Peer review: The following review by your peer is provided in the spirit of honesty and sensitivity to assist you in realising your strengths and weaknesses and thus develop your skills.'

'Self-assessment: Consider the same aspects of your performance that your peer commented on.'

'Peer/Self performance: Tick boxes below (P) when peer reviewing and (S) when self-assessing'

Participants also decided that the statements *'What a patient might appreciate'* and *'What a patient might feel anxious about'* could be combined on the form to read *'Patient perspective/viewpoint'*. Participants then wished for the concepts derived from focus group discussion on the purpose, value and characteristics of peer review and self-assessment to be incorporated, so that the specific criteria being evaluated would be very clear to both the peer and the individual being reviewed.

The form was therefore amended, in light of these comments, and subsequently the main content included:

'Patient perspective/viewpoint on how polite, informative, professional, kind, responsive and confident the practitioner appeared to be'

'Strengths and weaknesses through the eyes of a mentor/senior nurse related to Communication, Caring, Compassion and Task performance'

Has theory been linked to practice? Related to criteria of Communication; Task performance; Prevention and control of infection; Team working and Documentation.

What could have been done differently, if anything?

Peer: Action plan suggestions/Aspects of peer performance that might be adopted in the future:

Self: Action plan in light of written comments above/Short term and longer term goals:

CONCLUSION

The intention of this paper was to disseminate information relating to the creation and utility of a new feedback form for peer review and self-assessment, created by student nurse for use by student nurses and this has been achieved. The study was designed with a partnership approach in mind. Blumer's (1969) theory of symbolic interactionism and Vygotsky's (1934) theory of ZPD underpinned the research design and illuminated the influence that watching and listening and entering into social interaction exerted on the meaning that participants held of peer review and self-assessment. The process of creation of the form has been outlined. The utility of the form was investigated and overall the participants were satisfied with this particular tool. What appeared to be of significant benefit, however, was the opportunity for the participants to see themselves on video for the first time. For some participants, as Eraut (2006) suggests, the video as a mediating artefact raised awareness of the more tacit knowledge and skills the individual possessed.

Through participants having been provided with the opportunity to develop the feedback forms, their conceptions of the purpose and values of peer review and self-assessment became integral components within the forms. Thus, during engagement with peer review and self-assessment those conceptions were reflected during implementation. There was no evidence of anyone having felt 'torn to shreds' during engagement with the peer review process, as had been expressed previously, during a time when a student

created feedback form for peer review and self-assessment was unavailable, and which had indeed fuelled the desire to explore the topic further.

What has become increasingly significant as a result of having undertaken this particular study is that in preparing student nurses for the unknown future that lies ahead of them there is a responsibility to equip these learners with tools that can assist them. This tool, designed specifically by student nurses to be used by student nurses during engagement with peer review and self-assessment, specifically asks the evaluator to judge human qualities as well as skills and knowledge. Human qualities are not confined to only student nurse learners, so although the form was created by student nurses for use by student nurses, potentially it can be used, for example, by student teachers or student social workers or indeed any other discipline where human qualities impact on a service delivery. As highlighted within the contemporary literature (Barnett, 2012; 2014; Austin, 2012) it may well be human qualities, in addition to skills and knowledge that will sustain learners to perform within the complex and ever changing and increasingly demanding world of nursing, therefore this tool should prove helpful in this endeavour.

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Table 1: Participant created feedback form

<u>Peer review/Self-assessment feedback form</u>			
<p>Peer review: The following review by your peer is provided in the spirit of honesty and sensitivity to assist you in realising your strengths and weaknesses and thus develop your skills.</p> <p>Self-assessment: Consider the same aspects of your performance that your peer commented on.</p> <p>Peer/Self performance: Tick boxes below (P) when peer reviewing and (S) when self-assessing</p>			
Patient perspective/viewpoint (tick box if demonstrated)			
	P	S	
Polite	<input type="checkbox"/>	<input type="checkbox"/>	Peer/Self Comment:
Informative	<input type="checkbox"/>	<input type="checkbox"/>	
Professional	<input type="checkbox"/>	<input type="checkbox"/>	
Kind	<input type="checkbox"/>	<input type="checkbox"/>	
Responsive	<input type="checkbox"/>	<input type="checkbox"/>	
Confident	<input type="checkbox"/>	<input type="checkbox"/>	
Strengths and weaknesses through the eyes of a mentor/senior nurse (tick box if demonstrated)			
Communication Caring and Compassion	<input type="checkbox"/>	<input type="checkbox"/>	Peer/Self Comment:
Task performance	<input type="checkbox"/>	<input type="checkbox"/>	Peer/Self Comment:
Has theory been linked to practice? If so, how? (Tick box if demonstrated)			
Communication	<input type="checkbox"/>	<input type="checkbox"/>	Peer/Self Comment:
Task performance	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention and control of infection	<input type="checkbox"/>	<input type="checkbox"/>	
Team working	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	
What could have been done differently, if anything?			
Peer: Action plan suggestions/Aspects of peer performance that might be adopted in the future:			
Self: Action plan in light of written comments above/Short term and longer term goals:			